1993 Executive Research Project S90

Impact of Corporate Health Promotions on Productivity and Health Care Expenditures

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ABSTRACT

TITLE: "Impact of Corporate Health Promotions on Productivity and Health Care Expenditures."

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SUMMARY:

America is currently spending more on health care than any other nation. This expenditure has reached such a magnitude that it is severely affecting other segments of our economy thereby placing our Nation's economic security in jeopardy. US employers are particularly hard hit by the ever-increasing cost of health care. They find it difficult to compete successfully with foreign firms who spend much less on health care for their employees.

American productivity is lagging behind that of other countries (i.e., Japan and Germany). Absenteeism--often related to preventable illnesses and injuries--is impacting severely on productivity. Corporations are increasingly aware that it is less costly to prevent illness than to treat it after it occurs and are investing capital in Health Promotion Programs for employees. The overwhelming majority of these programs have been determined to be cost effective, and their numbers continue to grow.

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IMPACT OF CORPORATE HEALTH PROMOTIONS ON PRODUCTIVITY AND HEALTH CARE EXPENDITURE

INTRODUCTION

Today our nation is faced with a great challenge: how best can we reduce health care expenditure while simultaneously assuring that every citizen has access to medical care. To accomplish this will require substantial health care reform. To date, most of our efforts have been directed toward reducing expenditure after illness or injury has occurred rather than attempting to reduce the incidence of illness and injury in the first place. In this paper I will discuss the impact of corporate health promotions on medical expenditure and productivity. I intend to establish an important role for wellness programs in our national health strategy.

BACKGROUND DATA

America is currently spending more on health care per person than any other nation--more than Germany and Japan combined. Total medical care expenditures in the US in 1960 were \$26.9 billion (5.3 percent of GNP). For 1970, the cost rose to \$75 billion (7.6 percent of GNP); in 1980 the cost recorded was \$242.2 billion (9.4 percent of GNP); and last

year we spent \$838.5 billion (13.2 percent of GNP). It is predicted that health care spending will increase 12.1 percent this year to \$939.9 billion--14 percent of our nation's total economic output. Simply stated, \$1.00 out of every \$7.00 spent in our nation will go for health care. If the current rate of spending continues, by the year 2000, our nation's annual health care bill could reach a trillion dollars.

It is not surprising that business and corporations pay an estimated 30 percent of this health care bill. For example, General Motors spends more on employee health insurance than steel; Chrysler Corporation estimates that for every new car it sells, over \$200 goes for employee health benefits. As this expenditure on health care continues to skyrocket, employers are becoming acutely aware that if we are to remain competitive with other nations, we must find a way to reduce these costs.

Although many companies have made significant inroads into this problem by establishing numerous cost containment measures, expenditures remain high. These cost containment strategies often involve different types of managed care programs, preferred provider programs, and establishment of utilization review procedures—which, unfortunately, can only address expenditures after the fact.

Many employers are now beginning to think that the best way to control these costs is to prevent them from occurring. In other words, the best way to reduce cost is

to keep people out of the physician's office, or out of the hospital. Controlling health care costs once they have occurred is not the complete answer.

The idea of prevention really begins to make a lot of sense when you consider that just over 50 percent of our nation's health care bill is for preventable conditions. These are most often illness or injuries directly linked to lifestyle choices such as smoking, diet, exercise, and safety. Traditionally, employers have refrained from involving themselves in an employee's personal lifestyle choices as long as it did not affect on-the-job performance. But now there appears to be a growing attitude, especially among larger employers, that lifestyle management must be brought inside company walls so that potentially destructive habits can be modified before they lead to lost productivity and medical claims. Often justification for such wellness programs is anecdotal.

By looking at the major causes of employee illness, and by correlating that with the amount of money spent to treat various conditions, many companies are saying it only makes sense that reducing the risk factors will reduce future treatment costs. Although exact savings derived by lifestyle modification are not easily measured, they do have a positive impact on the bottom line—the individual.

Much illness (particularly heart disease, strokes, and cancer) is highly influenced by lifestyle. Those who adopt and maintain a healthier lifestyle tend to have longer, more

productive careers because they reduce or eliminate health risks. If we are to retain our older workers and keep them productive, this is especially important. A healthy workforce is directly linked to long term profitability. As our population ages, it is obvious that age-related health and disability costs will increase. It is estimated that the percentage of the workforce between the ages of 55 and 60 will increase by 30 percent over the next 20 years. In fact, in another 20 years, over 30 percent of our total population will be over 50 years of age. Obviously, if we are to avoid the costly long term disability benefits, worker's compensation, and lost productivity associated with an older workforce, we must concentrate on creating and maintaining healthier employees.

Prevention is not a new concept to corporate America.

Most CEOs know that it is generally less expensive and smarter to eliminate toxic waste at a plant than to clean it up. It is cheaper to maintain plants and facilities in good working condition than it is to design and build new ones. It is cheaper to install smoke detectors than to pay the cost of equipment and facilities lost in a fire. Executives are now beginning to take what they know about preventive maintenance and apply it to health care through the development of wellness programs.

From both a corporate and personal point of view, health is perceived differently today than it was just a decade or two ago. More and more, we are "jumping on the

preventive bandwagon." Fitness centers are no longer viewed simply as "perks" for company managers since health care costs have skyrocketed. As employers struggle to meet medical costs today, the doors to health clubs are opening to all employees as well as to their family members. The public is becoming increasingly aware of the link between health and personal behavior, and employers are looking more and more at wellness as a potentially viable solution to reduce medical costs.

Traditionally, prevention has taken a back seat. The disease orientation (as opposed to health orientation) of physicians and the vested interests associated with high technology hospital based services have kept preventive programs from becoming an integral and well-grounded part of our national health care system. Today, however, we see indications that this philosophy is beginning to change. It is now felt that we cannot improve our nation's health simply by pouring more money into treatment, but instead we must develop a greater commitment to prevent disease and promote health.

SOME CURRENT EXPENDITURES AND TRENDS

It is estimated that currently employers pay out an average of \$3,200 per employee each year for medical care, and from 1965 to 1987, health care expenditures increased from less than 15 percent of corporate profits to 94 percent. Health insurance premiums are increasing by 15 to

25 percent per year. Over half of these expenditures go for <u>preventible</u> conditions related to lifestyle. Most common along these conditions are the following categories of illness which can be either reduced or eliminated by involvement in a wellness program:

- 1. Cardio-vascular disease
- 2. Cancer
- 3. Low back pain
- 4. Injury
- 5. Stress
- 6. Drug and alcohol abuse
- 7. High blood pressure
- 8. Diabetes

1. <u>Cardiovascular Disease</u>

It is estimated that premature death from heart disease cost American industry \$25 million per year.

According to the Center for Disease Control of the US

Department of Health and Human Services, 54 percent of all deaths under the age of 65 are attributed to adverse lifestyles. A non-fatal heart attack can cost from \$25 to \$30 thousand dollars in hospitalization worker's compensation, and raise insurance premiums—not to mention the thousands of dollars to replace a highly trained employee. One stroke can cost up to \$70,000 if extensive rehabilitation is required.

The incidence of heart disease among the general population is significantly increased by improper diet (high cholesterol and fat), obesity, smoking, stress, and lack of exercise.

According to the National Heart, Lung, and Blood Institute, 34.5 percent of our nation's workforce has hypertension, and in excess of 52 million working days are lost yearly due to cardiovascular disease. Also according to Millman and Robertson, Inc., a study conducted in 1987 demonstrated that individuals with hypertension were 68 percent more likely to incur medical claims in excess of \$5,000 in any given year. The vast majority of risk factors associated with cardiovascular diseases are preventible through wellness techniques such as a healthy diet, no smoking, exercise, maintaining ideal body weight, and stress management.

2.Cancer

It is estimated that the average cost of a worker with lung cancer is \$92,000. 8 As everyone is aware, smoking is the common denominator here. Almost 30 percent of the workforce still smokes.

The cost of breast cancer has been greatly reduced through early detection utilizing mammography as a screening device. Almost one of every four employees will develop some form of cancer during their careers, and one of eleven women will develop breast cancer.

3. Low Back Pain

The incidence of low back pain is greatly increased in individuals who are obese and inactive. A survey conducted by the Department of Health and Human Services in 1985 found back care programs ranked third behind smoking cessation and health risk assessment among worksite activities. This is due to the fact that over 200 million working days are lost each year because of backache.

4. Injuries

Accidents result in 245 million lost work days each year. Automobile accidents make up a significant percentage of accidents. Many of these injuries could be prevented through the use of seat belts. People not wearing seat belts during an accident incur 54 percent more hospital days. Most wellness programs result in an increased percentage of employees which utilize seat belts.

5. Stress

Almost 30 percent of the health care dollars are going to treat psychological problems. Of visits to a physician's office, 60 to 80 percent are stress related. Of workman's compensation is being paid on the basis of burnout and on-the-job stress. Many of these expenditures could be avoided through the utilization of work-based employee assistance programs.

6. Drug and Alcohol Abuse

Approximately 12 percent of the workforce has a drug or alcohol problem. Businesses lose a total of over \$50 billion from drug and alcohol problems. 11 Corporations spend \$20 billion as a result of deleterious effects associated with alcohol abuse. There is no way of telling how much our productivity and quality of work suffers from alcohol and drug use. This is one of the biggest problems facing industry and can be reduced through education and family support programs.

7. Smoking

The economic costs of smoking are well documented. Costs that are a potential burden for employers include increased health and life insurance premiums for smokers, increased fire insurance premiums, increased worker's compensation, and the additional costs associated with early retirement, disability, excessive sick leave, and lost productivity. A one-pack/day smoker costs an employer between \$624/ and \$637/per year excess medical costs over a non-smoker (about \$3/day per smoking employee). In addition, over \$20 billion is lost each year in productivity. 12

Smoking is related to 325,000 premature deaths each year. A study conducted by State Mutual Life Insurance Company showed a differential in life expectancy between smokers and non-smokers of 7.3 years. 13 Metropolitan Life

Insurance Company estimated that its smoking cessation program resulted in a cost of \$200 per successful quitter. This is significantly below the \$624 to \$637 cost a company pays if it hires smokers. A year-long abstinence by 20 to 30 percent of program participants was felt to represent an economically successful anti-smoking program. Employer borne costs associated with smoker-employees are eliminated by the third year after the smoker quits. 14

It is a well-known fact that a small percentage of employees account for the largest percentage of health care claims. Most studies have shown that about 10 percent of employees account for 70 percent of medical costs. 15

Control Data Corporation estimates that if an employee could bring the most common risk factors (i.e., smoking, excess weight, blood pressure, and cholesterol) under control over a 30 year employment lifespan, he/she could save the employer \$22,605. 16 Some employers may think it is inappropriate to prod their workers into adopting healthy lifestyles or to punish workers with unhealthy habits, but more and more, employers recognize that healthy employees represent lower costs. This has prompted corporations to establish incentives linked to behavior—within their power to control—for employees to stay healthy. For example: workers who refrain from tobacco products, exercise regularly, maintain normal weight, and wear seat belts may be considered for cash bonuses or for reduced contributions toward employer sponsored health costs. On the other hand,

penalties may be assessed on employees who fail to participate in the company's wellness programs.

According to a recent survey by Towers, Perrin, Forster and Crosby, Inc., 12 percent of 135 large US firms either offer a discount or impose a surcharge on employee contributions to insurance plans based on certain behaviors. Another 19 percent indicated they were considering similar policies.

Incentives are an integral part of most at-work fitness programs. Hopefully, rewards for maintaining a healthy lifestyle will encourage participation by employees who would normally give little thought to exercise. These non-exercisers must participate if a program is to be cost effective. It is not enough simply to offer a program to those who already exercise, although this is also important.

There is no doubt that controllable lifestyles affect health costs. The challenge is to get people to understand their personal health risk, decide to do something about it, and then follow through.

WHY THE WORK PLACE?

The worksite has an unique potential for effective health promotion efforts as compared to similar programs in other areas. One advantage is that there is simply a large number of employees banded together. Most employers have already established effective communication channels among

their workers. These same channels can be utilized to provide health and fitness information.

Another factor is that employees spend at least 30 percent of their waking hours in the workplace.

Additionally, worksite fitness facilities offer great convenience and accessibility eliminating the need to commute to another, possibly distant, location.

Probably the most important factors to consider is support in fitness efforts by other co-workers. Peer pressure can exert a very positive influence on employees to maintain a healthy lifestyle. Eating together and exercising together can be a powerful motivational factor. The workplace can also furnish medical expertise to offer suggestions and answer individual questions.

When developing worksite wellness programs, it is important to include family members. Studies show that an average 60 to 70 percent of health care claims come from employee's dependents. Participation by family members aids modifying lifestyles. Most individuals need the support of family members to effect these changes.

The first national study of health promotion activities surveyed a random sample of private sector worksites with over 50 employees. Of the 1,358 companies interviewed, 65.5 percent had one or more areas of health promotion activities with slightly over 50 percent of these activities initiated during the past five years. 17

The US Chamber of Commerce found that 53.1 percent of surveyed firms had sponsored wellness programs in an attempt to control escalating health insurance costs. 18 More than 70 percent of firms sponsoring wellness programs said they believed that this was an effective way to reduce health care cost and absenteeism and to boost productivity.

TYPES OF WELLNESS PROGRAMS

Work place health promotion programs are diverse and may include single interventions such as a smoking cessation program as well as comprehensive health and fitness programs. Most programs, however, can be categorized into one of three levels: Level 1--awareness; Level 2--lifestyle change; and Level 3--a supportive environment.

An awareness program increases the participant's level of understanding of the goals and results of fitness.

Examples of awareness programs include health fairs, posters, newsletters, educational classes, and health screening without follow-up. In a limited number of cases, participants actually change health behavior as a result.

The lifestyle changes, or Level 2 programs, are aimed at changing the health behavior of employees. A variety of strategies are used such as behavior modification and health education. These programs usually last 8 to 12 weeks if they are to have a long term impact.

In the supportive environment, or Level 3 programs, the goal is to promote a long term sustained healthy lifestyle

through a workplace environment that supports it. Within this program, the corporate culture values participation of employees in the health promotion program. Components of the program includes a permanent formal health program with ongoing health screening, classes, activity groups, and regular health promotion.

POTENTIAL BENEFITS OF WELLNESS PROGRAMS

Although the benefits from health promotion programs are not fully substantiated in all areas, most programs show some very promising results. These potential benefits can be placed in four broad categories: (1) Improvement in productivity, (2) Reduction of medical benefit costs, (3) Reduction of human resources development costs, and (4) Enhanced organizational image.

One of the most obvious benefits derived from health promotion programs has been reduced absenteeism and sick leave. This not only represents a benefit to the organization, but more importantly benefits to the employee. The enormous costs of worker absenteeism are major problems in many organizations. In excess of 400 million work days are lost each year—an average of 5.1 days per employee. The estimated cost to organizations ranges from \$8.5 billion to \$26.4 billion in direct and indirect costs per year. 19

Direct costs include productivity decreases from absent workers and less experienced replacements, and the

additional expense of hiring substitute labor. Indirect costs include productivity losses from other workers, supervising substitute labor, and from those spending time away from other jobs to perform the tasks of the absent worker, Indirect costs have been estimated to be three to six time the direct costs.

Recent studies comparing exercisers and non-exercisers show that consistent exercisers use less sick leave.

Current statistics show the average rate of absenteeism of the US work force to be 3.7 percent. A 1987 survey of wellness programs conducted by the Health Research Institute of California found that employers that measured their wellness program's savings reported a 22.3 percent reduction in absenteeism. This is consistent with the Health Insurance Association of America's finding that showed that most absences are due to preventible conditions.

In addition to enhancing productivity by cutting absenteeism, health promotion programs increase worker performance. Healthy employees are more capable of performing a full day of work at maximum efficiency.

Providing a health promotion program for employees is a positive indicator to workers that their employer cares about them as human beings. This leads to improved morale and productivity. Workers are more dedicated to an organization that cares for them, and dedicated employees are the greatest asset an organization can have.

Recruiting, educating and training employees are high cost items for organizations. Recruiting costs can be reduced by a health promotion program through decreased turnover resulting from fewer medical crises, establishment of a satisfied and stable work force, and enhanced ability to attract high-quality employees when openings occur.

Reduction of turnover will lower the cost of training new personnel. This is particularly important with an aging work force. We must keep these valuable, highly skilled individuals in the workforce. Health promotion programs can expedite the development of a higher quality staff by reducing the loss of key personnel through resignation and illness, and by improving the ability to attract new high quality employees.

Health promotion programs can also result in considerable savings in health care benefits paid out by employers. Reduced utilization of medical services often results in reduced insurance premiums. Life insurance companies often reduce premiums for clients who practice healthy lifestyles.

The cost of worker's compensation claims can be reduced by reduced number of claims, and quicker recovery time of a healthy employee.

The bottom line is that wellness programs really pay off. Studies consistently demonstrate that health care costs are considerably less for employers whose workers practice good health and fitness habits. This is

substantiated by a study which reported that: people who do not exercise have 36 percent higher health care costs and 54 percent longer hospital stays than people who exercise; overweight people have 7 percent higher health care costs and 85 percent longer hospital stays than thin people; and smokers have 25 percent higher health care costs and 114 percent longer hospital stays than non-smokers. 21 Also, companies with wellness/fitness programs report that on average, for every dollar spent on wellness, two to four dollars are saved in health care costs.

EXAMPLE OF SUCCESS

To exemplify the benefits of health promotion programs to both employers and employees, I have selected two programs to discuss in more detail. These particular programs were selected because of their detailed documentation and the analysis of the outcome.

Adolph Coors Company

Adolph K Coors, Chairman and President of Coors Brewing Company of Golden, Colorado established the initial components of a health promotion program for company employees in 1981. Mr. Coors made a commitment to wellness by adding a phrase to the corporate values statement that reads: We encourage wellness in body, mind, and spirit for all employees." Then to encourage participation in the program, innovative incentives were established. For

example, employees who refrained from the use of tobacco products were provided a better rate for supplemental life insurance (e.g., a 50-year old employee who smoked would pay twice as much as a non-smoker for the same amount of coverage).

As an additional encouragement for employees and spouses to undergo a health assessment, Coors reduced the co-payment under the company's health care plan from 15 percent to 10 percent for those who completed the assessment questionnaire and met certain good health criteria. Another incentive stated that Coor's benefit plan would pay up to 90 percent of expenses unless an employee failed to meet certain wellness criteria in which reimbursement would drop to 85 percent.

The Coor's wellness program has expanded tremendously since its establishment. Over 90 percent of all employees and spouses now participate in the company health assessment program. Six years ago, Coors established an on-site cardiac rehabilitation facility. Their service greatly reduced rehabilitation time for post-myocardial infarct patients allowing workers to return to full productivity quicker. This program alone saved Coors approximately \$1,390,661 over the six year period.

In 1985, Coors initiated an on-site breast screening program. Subsequently, they have screened over 2,300 women (71 percent of eligible employees and 40 percent of spouses). As a result, four early malignancies were

detected. The program cost them \$63,628, however, if these cases had advanced to metastatic disease, the cost to the corporation would have been about \$289,000 based on direct medical costs, short term disability, and personnel costs. The savings in dollars and wellness is apparent.

Researchers from the University of Oregon's Graduate School of Management conducted a cost-benefit analysis of the Coors program in 1988. 22 The study showed that the wellness activities would save the company at least \$19,000,000 during the next ten years through decreased medical costs, reduced sick leave, and increased productivity. This amounts to a \$6.15 return on each \$1.00 invested.

Concurrently, Coors comprehensive approach to disease prevention included health risk assessments, nutritional counseling, stress management, and specialized programs for smoking cessation, weight loss, cardiac rehabilitation, and aerobic exercise. Additionally, they operate mammography, blood pressure screening, prenatal and postnatal education, and family counseling services.

Mesa Petroleum

In the early 1980s, Mesa Petroleum, one of the largest independent producers of oil and gas in the US, initiated an active health promotion program. Currently their program consists of fitness evaluations, health fairs, exercise classes, nutritional classes, stress management, weight

control, smoking cessation, and infant care. These programs are available to all employees and family members over the age of 12 years. They also have a 30,000 square foot wellness facility which includes basketball and racquet ball courts, weight rooms, and indoor running track.

Mesa offers many financial incentives to participants, including monthly cash payments for employees who maintain healthy lifestyles. In 1989, they paid out over \$100,000 in cash awards to participants. They also offer a popular flex time program whereby employees can arrive 30 minutes early or stay 30 minutes after work to take an half-hour to exercise during the lunch period. Complimentary juice, fruit, and raw vegetables are available for employees. Only ten percent of Mesa's employees use tobacco, 35 percent exercise at least three times per week, and 70 percent take advantage of some aspect of the wellness program.

As a result of Mesa's commitment to wellness in 1988, their medical expenditures were 68 percent below the national average for other energy industries. Exercisers file health claims of \$217 per year less than non-exercisers, and average 52 percent fewer work days lost each year compared to national averages. Mesa Petroleum estimates an annual saving of \$1,600,000 in health care cost for its 650 employees. 23

The above organizations are only two examples of the great success that corporations have experienced. A study reported in 1990 by Coopers and Lybrand concludes that

corporate wellness programs are cost effective for most employers. In their survey of 345 companies, 79 percent of respondents reported that benefits outweighed costs. Only two percent felt their programs were not cost effective.²⁴

FACTORS DETERMINING PROGRAM EFFECTIVENESS

An outstanding determinant in corporate wellness programs is the support it receives from top management. In reviewing those programs determined to be outstanding and cost effective, a consistent finding is a CEO who is truly committed to maintaining a healthy lifestyle and conveys his/her enthusiasm throughout the organization. Managers must lead by example. If they practice poor health habits in front of employees, any wellness efforts within the organization will not receive the interest required. Wellness programs should not be established with just economic goals in mind. Employees must not perceive that such a program is there just to save money. A good program needs to be a signal to all workers that management sincerely cares about them, and their family's, well-being.

The success of any program really depends upon the participation rate. Studies indicate that to be effective, a minimum of 30 percent employee participation in some aspect of the program is required. Who participates is also important. Every effort must be made to draw the interest of individuals who have the poorest health habits. If a

program only attracts those who are already exercising and eating right, cost effectiveness will be reduced.

Programs must appeal to a large cross-section of employees. A program based on marathon running might be construed as an excellent way to avoid future heart attacks, but if only one percent participate, and they are the ones with the least cardiac factors, the effectiveness of the program would be very low. However, a low intensity aerobics program would attract a larger number of employees who likely have a fairly high percentage of cardiac risk factors. For this group the program can virtually be life saving and extremely cost effective for the organization.

The prevailing need becomes a vital issue when looking for ways to improve productivity, reduce absenteeism, and control medical care costs. Absenteeism is mainly attributable to 20 percent of employees; unfortunately, these individuals do not usually enroll in a worksite fitness program.

In the same vein, medical costs are largely generated by a small proportion of workers. Again, these are the people who are most unlikely to enroll in exercise programs. This group must be particularly kept in mind when designing a program. Once participants are attracted, their involvement must be maintained over a significant period of time to insure a change in lifestyle. Old habits are difficult to break. To encourage long term participation, the program must be fun, provide social opportunities, and

rewards must be offered. Maintaining records and keeping workers informed of their progress is another means of keeping employees involved with the program.

CONCLUSION

Of the critical issues facing corporate America today there is no longer any doubt that to maintain our global competitiveness we must reduce health care expenditures.

Unless we take action soon, these costs may double over the next ten years. Up to now, our efforts to control costs have been predominately directed at cost containment efforts after such costs have already occurred. Instead of focusing on prevention, companies are using cost control measures such as managed care and preferred provider organizations. While necessary for cost containment, these efforts address only one side of the health issue.

Other companies are asking employees to share their health care cost through higher co-payments and deductibles. These cost-shifting techniques merely result in a one time cost savings, but do nothing to control the ever rising cost of health care.

To reduce future spending, we must direct our attention to wellness. It seems obvious that the best way to control health care costs is to reduce the chances of poor health. Clearly, wellness is often a long term investment. It is not a strategy that will provide quick, easily measurable returns.

Healthy lifestyles take time to develop and the pay off may come many years into the future. Wellness programs are not just a way to reduce health care costs; they help management demonstrate a "we care" attitude by getting employees started toward a longer, healthier life. This allows workers to perform at their greatest potential and achieve the greatest satisfaction from their jobs.

I feel that providing a comprehensive wellness program for employees can no longer be viewed simply as an employee benefit; overwhelming evidence shows this to be an employer benefit as well. Organizations can significantly improve their "bottom line" by investing capital in health/fitness programs—the bottom line being a healthier, more productive, long term, dedicated employee.

I see many positive trends today in our nation's corporate sector that suggest a growing attitude toward prevention. I am confident that through wellness we can slow, or even reverse, the tremendous losses we experience from rising health care costs.

I feel strongly that there exists a direct link between the health of our workforce and corporate America's economic future.

ENDNOTES

- 1. Dan Corotz, "For Our Own Good," 1991 Financial World Partners, 10 Dec 1991, 48.
- 2. Andres J Brennan, PhD, "Health Promotion: What's in it for Business and Industry?" <u>Health Education Quarterly</u>, 12 Dec 1992, 9-19.
- 3. Bob Bruce, "Wellness Pays Off," <u>Boulder County Business</u> <u>Report</u>, 10:3, Sec 1 (Mar 1991) 1.
- 4. Roy Shephard, "Analysis of Work-site Fitness."

 Medicine and Science in Sports and Exercise, Mar 1992,
 - 5. Corotz.
- 6. Tina Bradford, "Businesses Are Finding Wellness Pays Off," <u>Eastern Pennsylvania Business Journal</u>, 1:7, Sec I (Jul 1990) 13.
- 7. Christine Woolsey, "Employers Monitor Lifestyles," <u>Business Insurance</u>, 17 Feb 1992.
- 8. Colleen Green, "Healthy, Wealthy, and Wise," <u>Small</u> <u>Business Reports</u> (Dec 1989) 29-38.
- 9. Jonathan E Fielding, <u>Corporate Health Management</u> (Addison-Wesley Publishing Co, 1984).
- 10. William K Coors, "Wellness Programs Are the Right Prescription," <u>Business Forum</u> (1992) 13-16.
- 11. M Sharon, "Prevention Is Worth a Pound of Cure," Business First Buffalo, 8:40, Sec I (Jul 1992) 19.
- 12. Robert T Swank, "The Cost of Employee Smoking," ARCH Internal Medicine, 148 (Feb 1988) 445-48.
- 13. Brennan.
- 14. Louise Kertesz, "Firms Tout Wellness Savings, <u>Business</u> <u>Insurance</u>, Apr 1990.
- 15. Robert E Pritchard, <u>Fitness Inc.</u> (Dow-Jones-Irwin Pub., 1990).

- 16. Shepherd.
- 17. J M Rippe, Fit for Success (Prentice Hall Press, 1989).
- 18. J E Fielding, "Frequency of Worksite Health Promotion Activities", American Journal Public Health, 79:16, (1989).
- 19. Jay Posser, "Fitness Program Controls Health Care Cost," PR Newswire, Apr 1990.
- 20. Brennan
- 21. Green.
- 22. Shari Caudron, "Wellness Works," <u>Hearth Care</u>, Feb 1991, 22.
- 23. Nancy Coe Bailey, "Wellness Programs that Work." Business and Health, Nov 1990, 28-40.
- 24. Michael P O'Donnell, <u>Health Promotion in the Work Place</u> (John Wiley and Sons, 1985).

SELECTED REFERENCES

- Bailey, Nancy C. "Wellness Programs that Work." <u>Business</u> and <u>Health</u>. Nov 1990, 28-40.
 - Bradford, Tina. "Businesses Are Finding Wellness Pays Off." <u>Eastern Pennsylvania Business Journal</u>. 1:7, Sec I. Jul 1990, 13.
 - Brennan, Andres J, PhD. "Health Promotion: What's in it for Business and Industry?" <u>Health Education</u>
 Quarterly. 12 Dec 1992, 9-19.
 - Bruce, Bob. "Wellness Pays Off." <u>Boulder County Business</u>
 <u>Report</u>. 10:3, Sec 1. Mar 1991, 1.
 - Caudron, Shari. "Wellness Works." <u>Health Care</u>. Feb 1991, 22.
 - Cooper, Keneth H. MD, MPH. <u>Aerobic Programs for Total</u> <u>Well-Being</u>. Bantam Books: 1982.
 - Coors, William K. "Wellness Programs Are the Right Prescription." <u>Business Forum</u>. 1992, 13-16.
 - Corotz, Dan. "For Our Own Good." 1991 Financial World Partners. 10 Dec 1991, 48.
 - Fielding, J E. "Frequency of Worksite Health Promotion Activities." American Journal Public Health. 79:16, 1989.
 - Frech, H E, III. <u>Health Care in America</u>. Picific Research Institute: 1988.
 - Green, Coleen. "Healthy, Wealthy, and Wise." <u>Small</u>
 <u>Business Reports.</u> Dec 1989, 29-38.
 - Karch, Robert C. Ed. <u>AMC Health Promotion Project.</u> American University National Center for Health Fitness: 1989.

 - O'Donnell, Michael P. <u>Health Promotion in the Work Place</u>. John Wiley and Sons: 1985.
 - Posser, Jay. "Fitness Program Controls Health Care Cost." PR Newswire. Apr 1990.

- Pritchard, Robert E. <u>Fitness Inc.</u> Dow-Jones-Irwin Pub.: 1990.
- Rippe, J M. Fit for Success. Prentice Hall Press: 1989.
- Sharon, M. "Prevention Is Worth a Pound of Cure." <u>Business</u>
 <u>First Buffalo</u>. 8:40, Sec I. Jul 1992, 19.
- Shephard, Roy. "Analysis of Work-site Fitness." <u>Medicine</u> and <u>Science in Sports and Exercise</u>. Mar 1992,
- Swank, Robert T. "The Cost of Employee Smoking," ARCH Internal Medicine. 148. Feb 1988, 445-48.
- Woolsey, Christine. "Employers Monitor Lifestyles,"
 <u>Business Insurance</u>. 17 Feb 1992.